| STATE FILE NO. I. PLACE OF DEATH a. COUNTY Bates b. CITY (If controlled comparate limita, write RURAL and give to comahing) C. CITY (If controlled comparate limita, write RURAL and give to comahing) C. CITY (If controlled comparate limita, write RURAL and give to comahing) C. CITY (If controlled comparate limita, write RURAL and give to comahing) C. CITY (If controlled comparate limita, write RURAL and give to comparate limita, write RURAL and | FILED FE | B 28 1950 | THE DIVISION OF HE | | 197 | 35 |
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| PLACE OF DEATH a. COUNTY Bates S. STATE MISSOURI S. COUNTY Bates S. COUNTY | | - 20 1550 | 4 × | | 1. * 2. 20 2 3 | |
| b. CRY of controled compromed. Hainles, write RURAL and give more all correlation of the control | I. PLACE OF D | | | 2 USUAL RESIDENCE | (Where described that It is | |
| d. FULL NAME OF CIT not is bearbal or insultation. Pre surces address or location) ACRETITION BUTLET MEMORIAL 1 HOSPITAL 3. NAME OF DECEASED A. (First) DECEASED TRINK TRINK 5. SEX A. C. CLAST) FRANK 5. SEX A. C. CLOR OR RACE TRINK Male Trink | | | RURAL and give c. LENGTH OF STAY, (in this place 4 Cays | -]1 | its, write RURAL and give to | rnship) |
| DECEASED S. COLOR OR RACE 7. MARRIED NEVER MARRIED Young DEATH 2 - 21 | | | institution, give street address or location) | d. STREET (If rain | Appleton Ci | — |
| Male White Which coused death of work in the date of earlies of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier of working life, were if which and it will be an earlier only one entanger if the mode of dyring, such and related to the disease or condition of using death. 13. MOTHER 'S MAIDEN NAME II. BIRTHPLACE (State or foreign country) MISSOURI WISSOURI WISSOUR | DECEASED | ` . ` | b. (Middle) | | OF 'o | · · · · · · · · · · · · · · · · · · · |
| 10a. USUAL OCCUPATION (Circ kind of work of morking life, even it retired) Farming In Farming In Sintiffic Missouri Missouri Missouri Missouri Missouri Missouri In M | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED DIVORCE | 8, DATE OF BIRTH , WN KN Ed 1872 | last birthday) Month | Days |
| 13a. ATHER'S NAME JOO, WOUNG 15. WAS DECASED EVER IN U. S. ARMED FORCES? (If year, sire war or dates of service) 16. SOCIAL SECURITY INC. 17. INFORMANT'S SIGNATURE OR NAME I A 'NAME OF HUSBAND OR VIFE I'NOND 17. INFORMANT'S SIGNATURE OR NAME I A SIMDSON Eldorado Spri 18. CAUSE OF DEATH Enter only once usuals of service) 19. CAUSE OF DEATH Enter only once usuals of service) 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, sicing, DUE TO (b) Carelial Internation the discose, injury, or complication which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discose or condition causing death. 120. A GEORGE 13b. MOTHER'S MAIDE OR NAME III. INFORMANT'S SIGNATURE OR NAME III. INFORMANT'S SIGNATURE OR NAME III. INFORMANT'S SIGNATURE MEDICAL CERTIFICATION INTORN INTORN MEDICAL CERTIFICATION IN | done during most of wo | TION (Give kind of work orking life, even if retired) | DUSTRY | 1 /// | country) | 12. CI |
| S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 1 | | _ | | NAME 14. N | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, astheria, rice: It means the disc. It means the di | 15. WAS DECEASED E | EVER IN U.S. ARMED | FORCES? 16. SOCIAL SECURITY | 1 | ATURE OR NAME | Spri |
| the mode of dying, such as heart fallure, esthenia, rice to the above cause (a) stating the time to the above cause (a) stating the underlying cause last. DUE TO (c) DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF, OPERATION 19b. MAJOR FINDINGS OF, OPERATION 20c. ACCIDENT SUICIDE (Specity) Phomicide (Month) (Day) (Year) (Hour) 21c. Injury occurred bidg., etc.) 11d. ACCIDENT (Specity) 12d. Time (Month) (Day) (Year) (Hour) 21c. Injury occurred bidg., etc.) 12d. Thereby certify that I attended the deceased from 1 19 19 0, that I last saw alive on 1 21 19 0, and that death occurred at 1 24 m., from the causes and on the date stated above alive on 1 2 2 2 3 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Enter only one cause p | er I I. DISEASE OR C | | | | INTE |
| TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME OF INJURY 21d. TIME OF INJURY 21d. INJURY 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 22f. Manual Discreption of the date stated above of the date stated a | he mode of dying, suc as heart failure, astheni- tic. It means the di- case, injury, or complice | h Morbid condition a, rise to the above a the underlying ca a- h. II. OTHER SIGNI Conditions contri | rs, if any, giving DUE TO (b) Cause (a) stating use last. DUE TO (c) IFICANT CONDITIONS buting to the death but not | bromi nige | nhoye | 59 |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE MORK NOT WHILE WORK NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 1 - / 9 , 19 50, to 1 2 1 , 19 50, that I last saw alive on 5 - 2 1 , 19 50, and that death occurred at 7 4 m., from the causes and on the date stated above 23a. SIGNATURE 24a. BURIAL CREMA: (Degree or title) 23b. ADDRESS 22c. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) DUPLE 24d. LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 9a. DATE OF OPER/ TIO | N 195 MAJOR FIN | IDINGS OF, OPERATION | Maria de la Caracteria | | 20. A |
| OF INJURY m. WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 1 - / 9 , 19 50, to 2 - 2 1 , 19 50, that I last saw alive on 6 - 2 1 , 19 50, and that death occurred at 7 4 m., from the causes and on the date stated above 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22a. BURIAL CREMA: 24b. DATE 170N, REMOVAL (Specify) 24d. LOCATION (City, town, or county) DUTIBLE (V 2-23-50 Oakhill Cemeter v Butler Miss of County) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | | | | |
| alive on | I.a. ACCIDENT SUICIDE HOMICIDE | (Specify) | | 21c. (CITY, TOWN, OR TOWNSH | IP) (COUNTY) | . " |
| 24a. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BURIAL (V) 2-23-50 Oakhill Cemeter V Butler Misso DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS: | ?ld. TIME (Mon | | home, farm, factory, street, office bldg., etc.) (Hour) 21e. INJURY OCCURRED WHILE NOT WHILE | | IP) (COUNTY) | . " |
| BUT181 (V) 2-23-50 Oakhill Cemeter V Butler Misso DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / M. ZS. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | Pld. TIME (Mon OF INJURY 2. I hereby certif alive on | y that I attended i | home, farm, factory, street, office bldg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from 1 1 1 9 b, and that death occurred at | 21f. HOW DID INJURY OCCUR? | , 19 - 0, that I la | ed abov |
| REG / // // // // // A A A A A | 21d. TIME (Mon OF INJURY 2. I hereby certification of State of St | y that I attended in the second secon | home, farm, factory, street, office bldg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from J-/9 b, and that death occurred at (Degree or title) | 21f. HOW DID INJURY OCCUR? | , 19 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ed abou |
| | Aa. BURIAL CREETION, REMOVAL (890) | y that I attended in the state of the state | (Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK the deceased from J | 21f. HOW DID INJURY OCCUR? | , 19 | ed abov |

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| STATEMENT | C BY | LICENSED | EMBALMER | |
|-----------|------|----------|----------|--|

| I hereby certify that the body whose name is recorded on the reverse side of this | certificate was embalmed by me, or by |
|---|---------------------------------------|
| | Student Embalmer No |

working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 465

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.